

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000024084**

1. Entity Name

SWEET SPOT AUDIOVIDEO, INC.**FILED****May 24, 2000 8:00 am**
Secretary of State

05-02-2000 90111 041 ***150.00

Principal Place of Business

Mailing Address

1335 AIRPORT DR #G-8
TALLAHASSEE FL 323041335 AIRPORT DR #G-8
TALLAHASSEE FL 32304-4723

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**CAWLEY, JOHN A III**
1335 AIRPORT DR #G-8
TALLAHASSEE FL 32304

Name

Street Address

City

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

8. The above named entity submits this statement for the purpose of changing its registered office or regi

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature requ

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of S**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P	CAWLEY, JOHN A III	1335 AIRPORT DR #G-8 TALLAHASSEE FL 32304	<input type="checkbox"/>
	D	FORD, KRISTEN	1335 AIRPORT DR #G-8 TALLAHASSEE FL 32304	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>


12.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 820-580-7768
Date Daytime Phone #304166


DO NOT WRITE IN THIS SPACE

59-3446976

05/24/2000 08:00